PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/560,111			ing Date 09/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR	L	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A	LD NO.	N/A		N/A	1 LL (0)	i	N/A	TLE (0)
	SEARCH FEE	or (C))	N/A		N/A		N/A		1	N/A	i e
H	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		ł	N/A	
	(37 CFR 1.16(o), (p), (FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =			x s =	
(37	CFR 1.16(h))	If the	If the specification and draw		ns exceed 100	ı	~ *		ł	<u> </u>	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	sheets of paper, the application si is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFF								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
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AMENDMENT		CLAIMS	HIGHE		1	1 1			Г	Г	
	10/12/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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	Independent (37 CFR 1,16(h))	• 2	Minus	 3	= 0	1	x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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AMENDMENT	Application Size Fee (37 CFR 1.16(s))								1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

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